

**APPLICATION DUE: June 1, 2011**

Date Received: \_\_\_\_\_

**City of Oak Ridge Youth Advisory Board**  
Application for Appointment

**Note:** *Residency in the city of Oak Ridge, TN is required to serve on the City YAB.*

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**General Information:**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ (optional)  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Years of service on YAB \_\_\_\_\_

**School Information: (Currently enrolled)**

School Name \_\_\_\_\_ Grade \_\_\_\_\_  
GPA (grade point average) \_\_\_\_\_ Favorite Class \_\_\_\_\_  
Extra-curricular Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer/Work Experiences:**

• Organization \_\_\_\_\_ Dates worked \_\_\_\_\_

Describe this experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Organization \_\_\_\_\_ Dates worked \_\_\_\_\_

Describe this experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve on the City Youth Advisory Board? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Mail to: City of Oak Ridge, City Clerk, P.O. Box 1, Oak Ridge, TN 37831 Fax: 425-3418 Phone: 425-3442
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